



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 2

290 BROADWAY

NEW YORK, NY 10007-1866

JAN 03 2017

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Article Number: 7016 2070 0001 1397 4000

Aaron Roth, Manager
SMR Metals
301 Peat Street
Syracuse, NY 13210

**Re: Request for Information, Pursuant to Section 308 of the Clean Water Act;
SMR Metals (Empire Recycling) – EPA Inspection August 17, 2016
SPDES Permit No. NYR00E184
Docket No. CWA-IR-17-014**

Dear Mr. Roth:

The purpose of this Request for Information ("RFI") letter is to require you to submit information to the U.S. Environmental Protection Agency ("EPA") regarding the subject facility.

Section 308(a) of the Clean Water Act ("CWA") 33 U.S.C. §1318(a), provides that whenever it is necessary to carry out the objectives of the CWA, including determining whether or not a person/agency is in violation of Section 301 of the CWA, 33 U.S.C. §1311, the EPA shall require the submission of any information reasonably necessary to make such a determination. Under the authority of Section 308 of the Clean Water Act, EPA may require the submission of information necessary to assess the compliance status of any facility and its related appurtenances.

The subject Facility has coverage under the New York State Department of Environmental Conservation's ("NYSDEC's") State Pollutant Discharge Elimination System (SPDES) Multi-Sector General permit (GP-0-12-001) for Stormwater Discharges Associated with Industrial Activity ("MSGP") under SPDES Permit Number NYR00E184.

1. **Within forty-five (45) calendar days of receipt** of this RFI letter, submit, in writing a written response with:
 - a. the actions (including a schedule) that are being taken or will take to address each of the Potential Non-Compliance items and Areas of Concern identified in the enclosed inspection report from EPA and NYSDEC's joint August 17, 2016 Compliance Evaluation Inspection;
 - b. submit to NYSDEC Notice of Modification to update the facility's Notice of Intent to add a second outfall (if one exists on site) or if there is not a second outfall please submit a written certification of such.

2. **Within Ninety (90) calendar days of receipt** of this RFI letter, submit, in writing a modified Stormwater Pollution Prevention Plan ("SWPPP") that includes additional stormwater Best Management Practices to address any ongoing benchmark exceedances identified in the enclosed inspection report.

CERTIFICATION

All information and documents to be submitted shall be sent by certified mail or its equivalent and shall be signed by an authorized representative of the respective entity (see 40 C.F.R. 122.22), and shall include the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

to the following addresses:

Justine Modigliani, P.E., Chief, Compliance Section
Division of Enforcement and Compliance Assistance
U.S. Environmental Protection Agency, Region 2
290 Broadway, 20th Floor
New York, New York 10007

Mr. Joe DiMura, P.E., Director
Bureau of Water Compliance Programs
Division of Water
New York State Department of Environmental Conservation
625 Broadway
Albany, New York 12233-3506

Although the information requested must be submitted to EPA, you are entitled to assert a business confidentiality claim pursuant to the regulations set forth in 40 C.F.R. Part 2, Subpart B. If EPA determines the information you have designated meets the criteria in 40 C.F.R. §2.208, the information will be disclosed only to the extent and by means of the procedures specified in Subpart B. Unless a confidentiality claim is asserted at the time the requested information is submitted, EPA may make the information available to the public without further notice to you.

Compliance with the provisions of this letter is mandatory. If you do not respond fully and truthfully to this Information Request or adequately justify your failure to do so, you may be subject to enforcement under Section 309 of the Act, 33 U.S.C. §1319, under which injunctive relief and penalties may be sought.

Please see NYSDEC's MSGP toolbox for additional information
<http://www.dec.ny.gov/chemical/62803.html>.

Should you have any questions regarding this request, feel free to contact Mrs. Justine Modigliani, P.E., Chief, Compliance Section at (212) 637-4268.

Sincerely,

A handwritten signature in black ink, appearing to read "Murray Lantieri". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Douglas McKenna, Chief
Water Compliance Branch

Enclosure – EPA Inspection Report

cc: M. Ruhnke via email (Mruhnke@erengpc.com)
Joe DiMura, P.E. Director, BWC, Div. of Water, NYSDEC Albany
Ryan Waldron, NYSDEC via email
Meredith Streeter, NYSDEC via email



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>
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Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved	
67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>					

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)	Entry Time/Date	Permit Effective Date
SMR Metals (Empire Recycling), 301 Peat Street, Syracuse, NY	8/17/16 11:00AM	GP12-001, 10/1/12
	Exit Time/Date	Permit Expiration Date
	12:19 PM	9/30/2017
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
Joshua Roth, General Manager (315) 476-0800	NYR00E184	
Name, Address of Responsible Official/Title/Phone and Fax Number	Lat Long	
Aaron Roth (315) 476-0800 (ph), (315) 424-7519 (Fax), aaron@empirerecycling.com	43.053108°, -76.115935°	
	Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input checked="" type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description	Need improved BMPs to meet benchmarks.
<input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/> A	Failure to Install/Implement BMPs	
<input type="checkbox"/> B <input type="checkbox"/> 0 <input type="checkbox"/> N <input type="checkbox"/> 4 <input type="checkbox"/> 1	Failure to maintain records	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Murray Lantner, P.E. Env. Eng.	EPA/DECA-WCB/ (212) 6373976	12/30/16
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date
Justine Modigliani, P.E., Chief, Compliance Section	EPA/DECA-WCB/ (212) -637-4268	12/30/16

INSTRUCTIONS

Section A: National Data System Coding (*i.e.*, PCS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (*Use the Remarks columns to record the State permit number, if necessary.*)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A Performance Audit	U IU Inspection with Pretreatment Audit	! Pretreatment Compliance (Oversight)
B Compliance Biomonitoring	X Toxics Inspection	@ Follow-up (enforcement)
C Compliance Evaluation (non-sampling)	Z Sludge - Biosolids	{ Storm Water-Construction-Sampling
D Diagnostic	# Combined Sewer Overflow-Sampling	} Storm Water-Construction-Non-Sampling
F Pretreatment (Follow-up)	\$ Combined Sewer Overflow-Non-Sampling	: Storm Water-Non-Construction-Sampling
G Pretreatment (Audit)	+ Sanitary Sewer Overflow-Sampling	~ Storm Water-Non-Construction-Non-Sampling
I Industrial User (IU) Inspection	& Sanitary Sewer Overflow-Non-Sampling	< Storm Water-MS4-Sampling
J Complaints	\ CAFO-Sampling	- Storm Water-MS4-Non-Sampling
M Multimedia	= CAFO-Non-Sampling	> Storm Water-MS4-Audit
N Spill	2 IU Sampling Inspection	
O Compliance Evaluation (Oversight)	3 IU Non-Sampling Inspection	
P Pretreatment Compliance Inspection	4 IU Toxics Inspection	
R Reconnaissance	5 IU Sampling Inspection with Pretreatment	
S Compliance Sampling	6 IU Non-Sampling Inspection with Pretreatment	
	7 IU Toxics with Pretreatment	

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

A — State (Contractor)	O — Other Inspectors, Federal/EPA (Specify in Remarks columns)
B ---- EPA (Contractor)	P — Other Inspectors, State (Specify in Remarks columns)
E — Corps of Engineers	R — EPA Regional Inspector
J — Joint EPA/State Inspectors—EPA Lead	S — State Inspector
L ---- Local Health Department (State)	T — Joint State/EPA Inspectors—State lead
N — NEIC Inspectors	

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 — Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

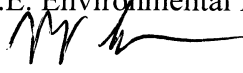
Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2, DECA-WCB
20th Floor, 290 Broadway, New York, NY 10007

Compliance Evaluation Inspection: SMR Metals	
Inspection Date: August 17, 2016 Inspection Time: 11:00 AM – 12:19 PM	EPA Representatives: Murray Lantner, P.E., Environmental Engineer, USEPA Region 2, (212) 637-3976; and  12/30/16 NYSDEC Representatives: Ryan Waldron, P.E., 625 Broadway, Albany, NY 12233-3505 P: (518) 402-8244, ryan.waldron@dec.ny.gov Meredith Streeter, P.E., 625 Broadway, Albany, NY 12233-3506 P:(518) 402-8213, meredith.streeter@dec.ny.gov
On-Site Representative: Joshua Roth, General Manager (315) 476-0800	
Site Information: Lat./ Long: 43.053108°, -76.115935° SMR Metals (Empire Recycling), 301 Peat Street, Syracuse, NY 13210	
SPDES/ICIS No.	NYR00E184
SIC Code:	5093: Scrap and Waste Materials Scrap, Recycling Facilities (Sector N-3 of MSGP Scrap and Waste Recycling Wastes)

I. INTRODUCTION

On August 17, 2016 the United States Environmental Protection Agency (“EPA”) and New York State Department of Environmental Conservation (“NYSDEC” or “DEC”) conducted a Compliance Evaluation Inspection (“CEI” or “Inspection”) at SMR Metals (Empire Recycling) Facility located at 301 Peat Street, Syracuse, New York (the “Site” or “Facility”). The objective of this visit was to determine compliance with NYSDEC State Pollutant Discharge Elimination System (SPDES) Multi-Sector General Permit (GP-0-12-001) for Stormwater Discharges Associated with Industrial Activity (“MSGP”). The Facility maintains coverage under the MSGP Permit No. NYR00E184. Based on the Facility’s Notice of Intent (“NOI”) and this Inspection the Facility operates under Sector N-3 (Scrap and Waste Recycling (Non-Liquid Wastes)) SIC Code 5093 Scrap and Waste Materials. Weather conditions on site at the time of the CEI was sunny

with no precipitation. There was a heavy rainfall the day prior to the inspection. The Facility is approximately 1 acre.

II. FINDINGS & OBSERVATIONS

Upon entering the site, EPA inspector Murray Lantner presented credentials to Mr. Roth, the General Manager. EPA requested to review the onsite paperwork including the Stormwater Pollution Prevention Plan (“SWPPP”), Site Inspection Records, and Monitoring and Sampling reports. A site walkthrough and paperwork review was conducted.

The site accepts different kinds of metal scrap where it is sorted and then transported off site for further processing. Discharges from the site flow via Outfall 001 to the City of Syracuse Municipal Separate Storm Sewer System (“MS4”) that discharges into Onondaga Creek, a tributary of Onondaga Lake. Onondaga Creek is impaired for Turbidity, Phosphorus and Ammonia and therefore the MSGP requires quarterly Total Suspended Solids monitoring for MSGP Sector N based on the phosphorus and turbidity impairments. Mr. Roth said that the facility was swept 2 to 3 times per week.

The following potential noncompliance items were identified at the time of the CEI:

A. Potential Noncompliance Items

1. Part III.B.7 of the Permit requires that the owner/operator must select, design, install, and implement BMPs as specified in Part I.B.1.a. and Part VIII to meet the benchmarks included in Part VIII of the MSGP. The facility has exceeded the benchmarks for Total Suspended Solids (“TSS”) a quarterly monitoring parameter. Further document review shows exceedances for copper taken annually in 2013, 2014, and 2015, as well as zinc, lead and iron in other years. The facility must determine the cause of these benchmark exceedances, modify the SWPPP and implement BMPs to reduce pollutant concentrations below the benchmark concentrations as required by the corrective action, while following the proper protocol outlined in Corrective and Follow Up Actions in Part IV.B.1.g.(6) and IV.B.1.d.(6) of the MSGP. As shown in the Quarterly Visual Monitoring Reports for 3/26/15, 12/10/15 and 12/15/15 in Attachment 1 Photos 566 to 571 there was mud and dirt at the outfall.

SMR Metals Table of Benchmark Exceedances - Outfall 001 - Based on EPA ECHO System				
Monitoring Period End Date	Parameter	Units	Benchmark Limit	Reported Value
6/30/2013	Solids, total suspended	mg/L	100	280
12/31/2013	Copper, total recoverable	ug/L	12	593
12/31/2013	Iron, total recoverable	mg/L	1	8.25
12/31/2013	Aluminum, total recoverable	ug/L	750	4192
12/31/2013	Zinc, total recoverable	ug/L	110	552
12/31/2013	Lead, total recoverable	ug/L	69	242

12/31/2013	Solids, total suspended	mg/L	100	280
9/30/2014	Solids, total suspended	mg/L	100	434
12/31/2014	Iron, total recoverable	mg/L	1	14.7
12/31/2014	Copper, total recoverable	ug/L	12	147
12/31/2014	Aluminum, total recoverable	ug/L	750	8760
12/31/2014	Solids, total suspended	mg/L	100	530
12/31/2014	Zinc, total recoverable	ug/L	110	498
12/31/2014	Lead, total recoverable	ug/L	69	121
3/31/2015	Solids, total suspended	mg/L	100	672
12/31/2015	Copper, total recoverable	ug/L	12	25.6
12/31/2015	Zinc, total recoverable	ug/L	110	192

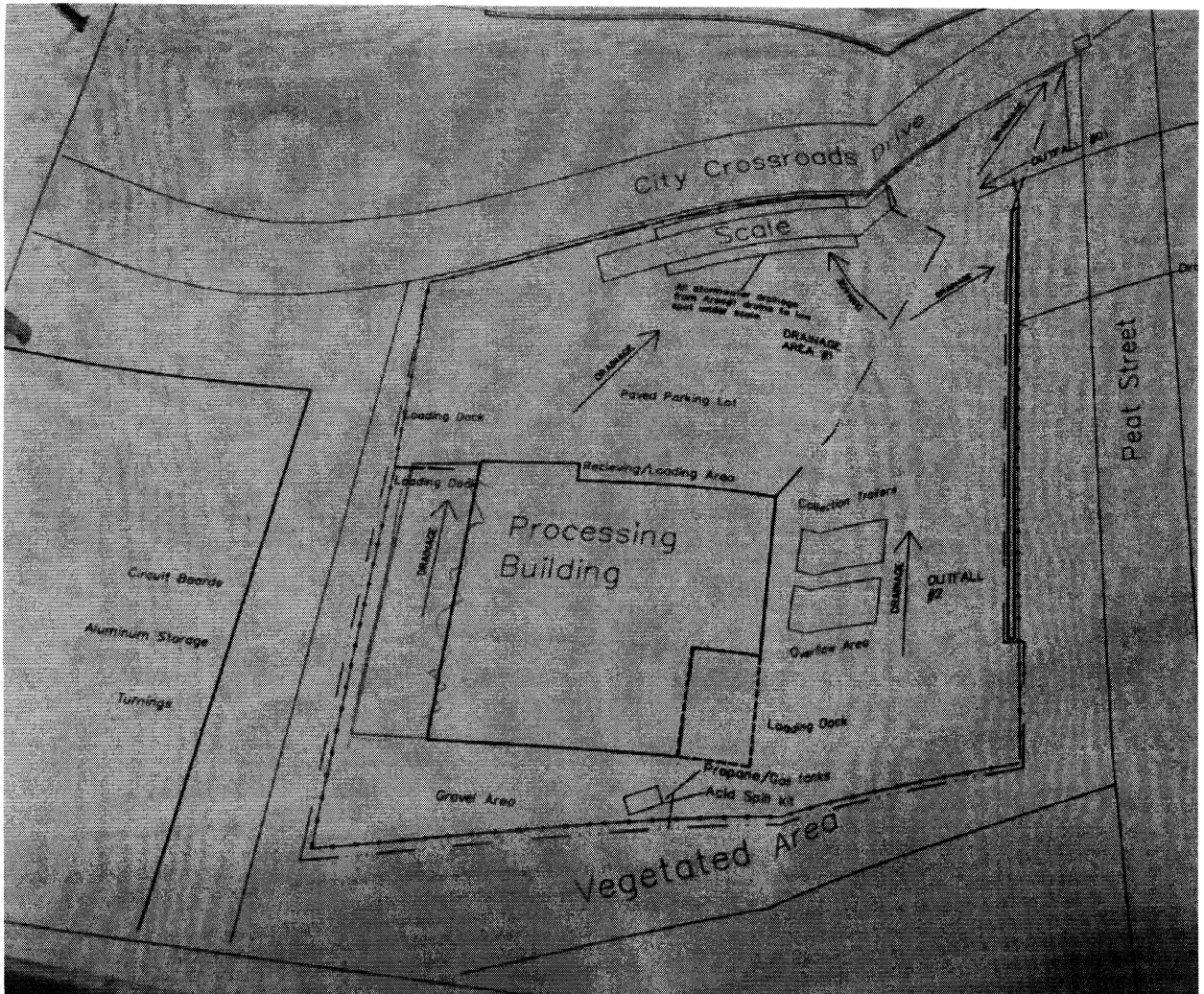
The Corrective Action Form dated 12/16/15 indicated that Better Housekeeping Practices were implemented to correct the TSS, Iron, Zinc, Aluminum, Lead and Copper Exceedances (See Att. 1 Photos 574 to 580)

2. Review of records at the site indicated that:

- a. Annual Comprehensive Inspection Reports were not available as required by Part IV.A.2 of the NYSDEC Multi Sector General Industrial Stormwater Permit (MSGP). There was an Annual Comprehensive Inspection form in the SWPPP but it was not filled out (See Photo 581).
 - b. Discharge Monitoring Reports and accompanying lab reports were not available as required by Part IV.E.2 of the MSGP - which requires that monitoring records be retained for 5 years.
 - c. The annual dry weather monitoring report as required was not available for 2015. No dry weather discharges were seen during this August 17, 2016 inspection. The annual non-stormwater certification for 2014 (See Att. 1 Photo 582 and 583) was available.
- 3. The Total Suspended Solids samples are not kept refrigerated or iced. Part IV.B.2.b.(2) of the MSGP requires that the methods in 40 CFR Part 136 be utilized for monitoring and analysis. 40 CFR Part 136.3 requires that TSS samples be cooled to less than or equal to 6°C. SMR's SWPPP (see Photo 564) specifies that ice is needed for sampling.**

B. Areas of Concern

1. The Site Map (below) depicts two Stormwater outfalls. During the inspection it appeared that there was a second flow path off of the East side of the yard that would flow onto Peat Street as shown in photo 589 and 590. The NOI submitted for this facility indicates that there is only one outfall on the site. The Facility needs to submit a Notice of Modification to the NYSDEC to update this information and extend permit coverage to account for this second outfall. The SWPPP would also need to be updated to include this second outfall.



2. Please submit the documentation Training Logs required under MSGP III.C.7.e.ii for the period 2013 to 2015.

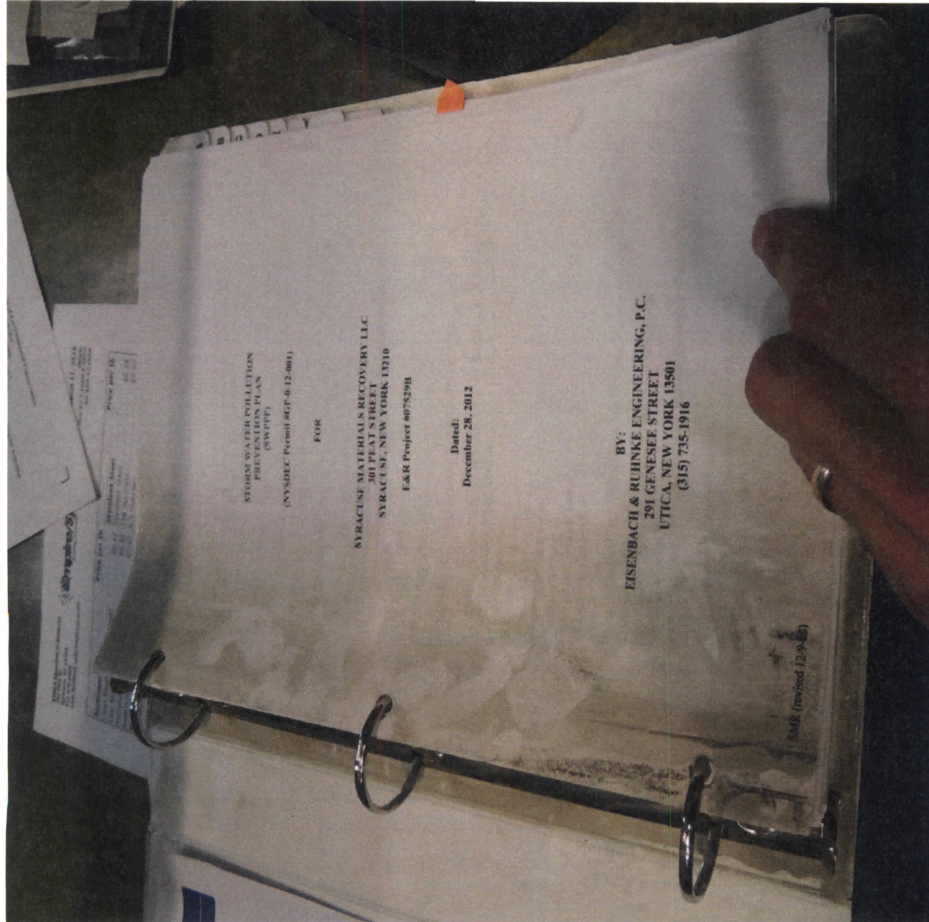
III. CLOSING

A closing conference was held with Mr. Roth explaining EPA findings identified at the time of the CEI and any additional questions were answered at that time.

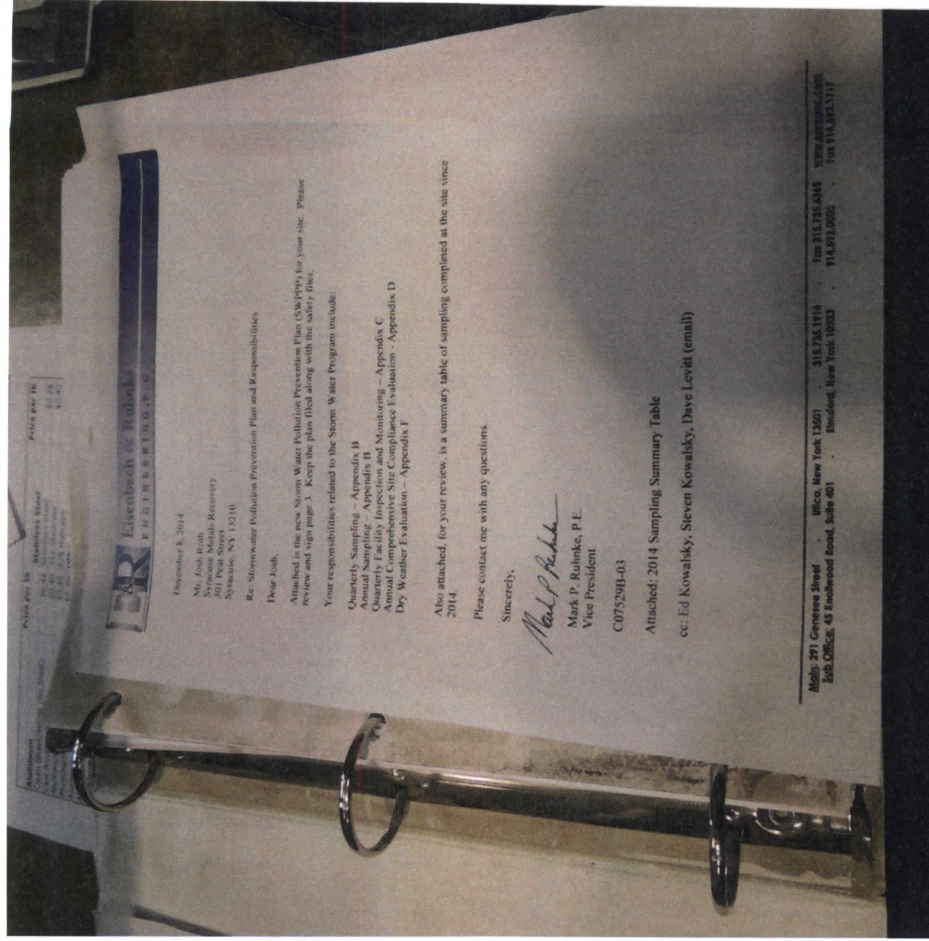
IV. ATTACHMENTS

Attachment 1 – Photographs

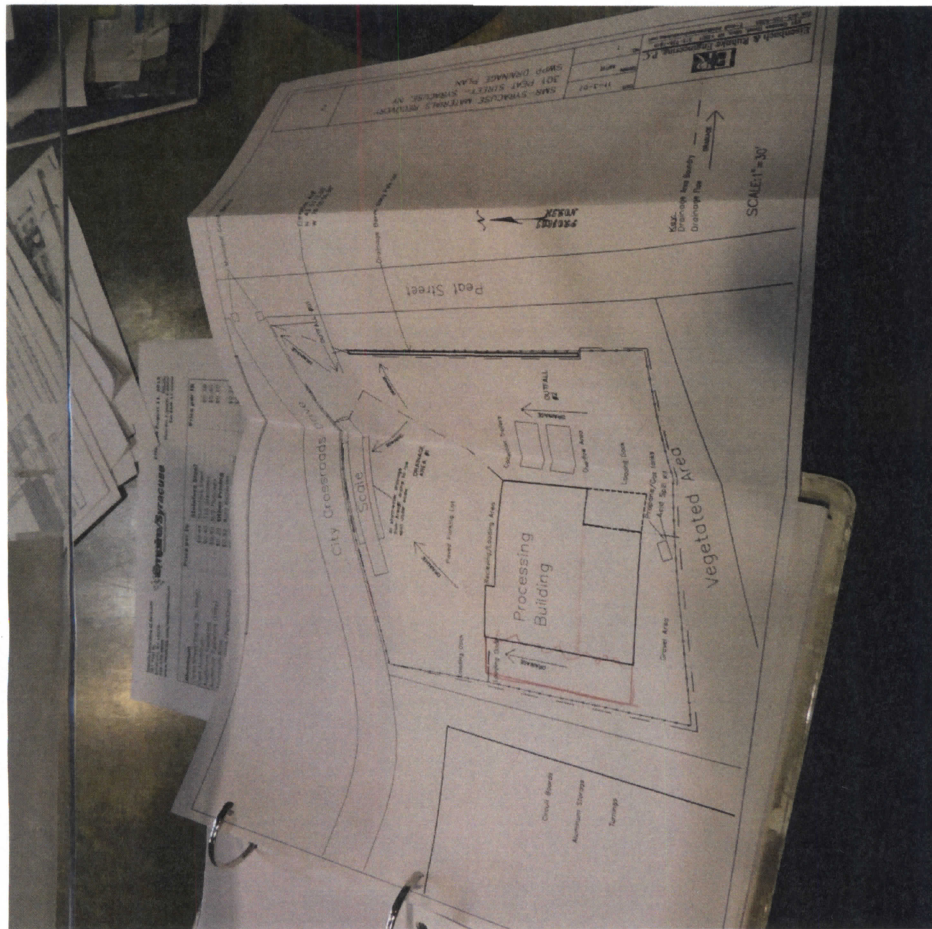
Attachment 1 – SMR Metals (Empire Recycling)
Syracuse NY,
Unedited Digital Photos taken by Murray Lantner
EPA Region 2, DECA-WCB
With Nikon Coolpix P510 Digital Camera



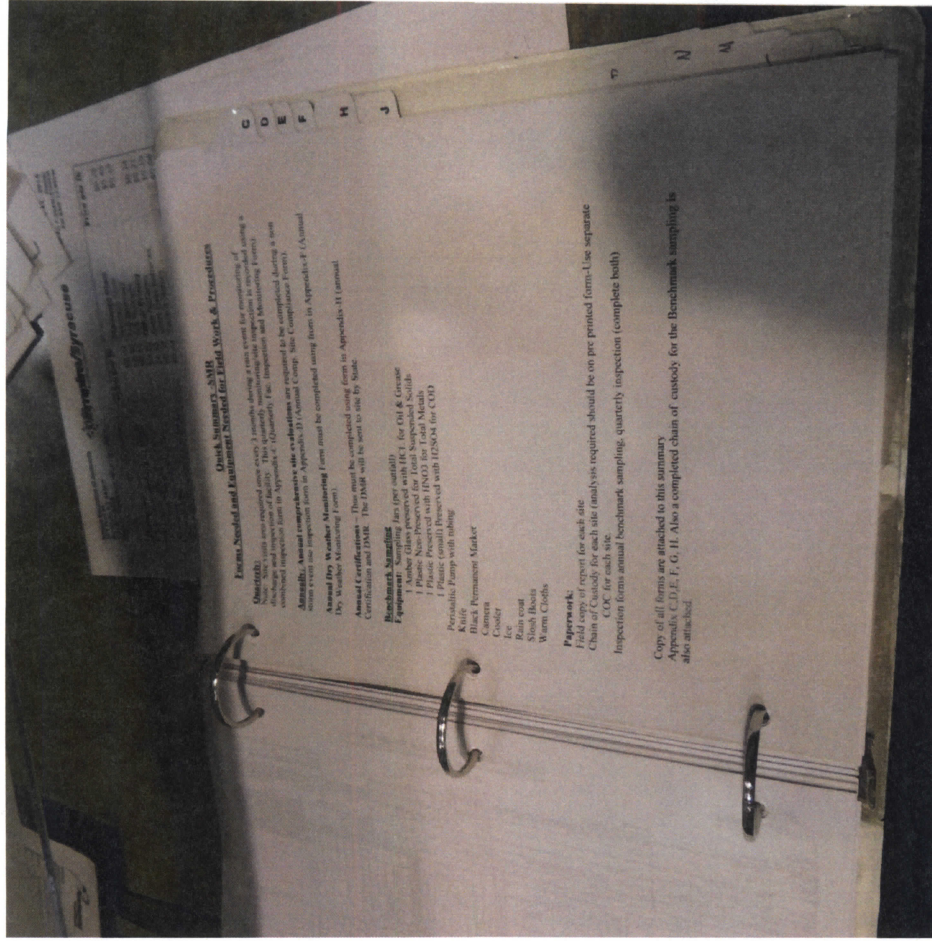
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DSCN3563



DSCN3564

SWPPP Annual Dry Weather Flow Monitoring

Site Name: Staten Island Raceway
 Address: 1000 1st St
 City: Staten Island
 State: NY
 Zip: 10310
 Phone: 718 351-1144

Project # 075270
 Date: 10/01/14
 Time: 12:15 pm
 Weather: Clear 75°

Day of last precipitation: the 20-14

Discharge: No NA NA

Notes: 001. Sampled area

Facility is in compliance with SWPPP Yes NA

Signature of Inspector: [Signature]

SWIR (revised 12-9-08)

DSCN3565

New York State Department of Environmental Conservation
 Bureau of Water
 Multi-Sector General Permit for Stormwater Discharges Associated with Industrial Activities

Quarterly Visual Monitoring Form

Facility Name: Staten Island Raceway
 Permit Number: 001
 Date of last rainfall: 05/26/15
 Date of this inspection: 05/26/15
 Time of inspection: 05:00 AM

1. Does the stormwater appear to be colored? Yes
 If yes, describe: Slightly grey and not totally transparent

2. Is the stormwater clear or transparent? Yes
 If yes, which of the following best describes the clarity of the stormwater: Clear Milky Opaque

3. Can you see a rainbow sheen effect on the water surface? Yes
 If yes, which best describes the sheen? Rainbow Sheen Floating Oil Droplets

4. Does the sample have an odor? Yes
 If yes, describe: None

Page 1 of 2

DSCN3566

[illegible]

DSCN3568

11/16/88
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DSCN3567

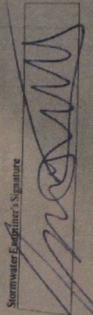
5. Is there something floating on the surface of the sample?
 If yes, describe: ☐ Yes ☒ No

6. Is there something suspended in the water column of the sample?
 If yes, describe: ☐ Yes ☒ No

7. Is there something settled on the bottom of the sample?
 If yes, describe: ☐ Yes ☒ No
 looks to be a small amount of mud/dirt

8. Is there foam or material forming on the top of the sample surface?
 If yes, describe: ☐ Yes ☒ No

Detail any concerns, corrective actions taken and any other indicators of pollution present in the sample.

Stormwater Engineer's Signature: 

Page 2 of 2

DSCN3571

[illegible]

DSCN3572

Call Request Document
 2017 Document Form 1 - 0100, 0200, 0300, 0400, 0500, 0600, 0700, 0800, 0900, 1000, 1100, 1200, 1300, 1400, 1500, 1600, 1700, 1800, 1900, 2000, 2100, 2200, 2300, 2400, 2500, 2600, 2700, 2800, 2900, 3000, 3100, 3200, 3300, 3400, 3500, 3600, 3700, 3800, 3900, 4000, 4100, 4200, 4300, 4400, 4500, 4600, 4700, 4800, 4900, 5000, 5100, 5200, 5300, 5400, 5500, 5600, 5700, 5800, 5900, 6000, 6100, 6200, 6300, 6400, 6500, 6600, 6700, 6800, 6900, 7000, 7100, 7200, 7300, 7400, 7500, 7600, 7700, 7800, 7900, 8000, 8100, 8200, 8300, 8400, 8500, 8600, 8700, 8800, 8900, 9000, 9100, 9200, 9300, 9400, 9500, 9600, 9700, 9800, 9900, 10000

ER Eichenbush & Rubin
 2017 Document Form 1 - 0100, 0200, 0300, 0400, 0500, 0600, 0700, 0800, 0900, 1000, 1100, 1200, 1300, 1400, 1500, 1600, 1700, 1800, 1900, 2000, 2100, 2200, 2300, 2400, 2500, 2600, 2700, 2800, 2900, 3000, 3100, 3200, 3300, 3400, 3500, 3600, 3700, 3800, 3900, 4000, 4100, 4200, 4300, 4400, 4500, 4600, 4700, 4800, 4900, 5000, 5100, 5200, 5300, 5400, 5500, 5600, 5700, 5800, 5900, 6000, 6100, 6200, 6300, 6400, 6500, 6600, 6700, 6800, 6900, 7000, 7100, 7200, 7300, 7400, 7500, 7600, 7700, 7800, 7900, 8000, 8100, 8200, 8300, 8400, 8500, 8600, 8700, 8800, 8900, 9000, 9100, 9200, 9300, 9400, 9500, 9600, 9700, 9800, 9900, 10000

LETTER OF TRANSMITTAL

To: Industrial Department Permit Coordinator
 NYSDEC, Division of Waste
 625 Broadway
 Albany, NY 12243-1505

Re: NY90001184
 SSIR Metals
 Project No. 075240

From: Mark Rubino
 Permit Officer

Cc: Job Rep, Dave Levitt - email only

Subject: We are sending under separate cover

U.S. Mail

Total Pages

THE ENCLOSED ARE SUBMITTED:
 B) As per your request
 Approved as noted
 For your information

Comments:
 Please accept the attached Corrective Action Form for the Annual Sampling for 2014 for the facility covered under permit # NY90001184. Please contact me directly with questions or information 515-794-7944.

10/12/2016 12:20:14 CDT FOR AMERICA

DSCN3573

New York State Department of Environmental Conservation
 Division of Waste
 625 Broadway
 Albany, NY 12243-1505
 Phone: (518) 474-3177 Fax: (518) 474-3178
 TDD: (518) 474-3177 Email: dave.levitt@dec.state.ny.us

Corrective Action Form/Non-Compliance Event Form

1. This form being used to report a Corrective Action or Non-Compliance Event. (Check one) ☐ Corrective Action ☐ Non-Compliance Event

2. If using this form as a Corrective Action, please provide the following information:
 - Describe the problem and the corrective action taken.
 - Describe the problem and the corrective action taken.
 - Describe the problem and the corrective action taken.
 - Describe the problem and the corrective action taken.
 - Describe the problem and the corrective action taken.

3. If using this form as a Non-Compliance Event, please provide the following information:
 - Describe the problem and the corrective action taken.
 - Describe the problem and the corrective action taken.
 - Describe the problem and the corrective action taken.
 - Describe the problem and the corrective action taken.
 - Describe the problem and the corrective action taken.

4. The Corrective Action Operator must sign and date the certification statement below.

Number of attachments included: ☐

Certification
 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that the data and information are true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: Mark Rubino
 Title: Permit Officer
 Date: 10/12/2016

DSCN3574

1. Permittee's Name of Concern: Watershed

2. Outfall No.: 001 3. Date of Exceedance: 05/09/2015

4. Permit Value: 100 Units ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L

5. Reported Value: 100 Units ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L

6. Is the Permittee's Pollution of Concern exceeded subject to quantity compliance monitoring for discharge to impaired waterbody? ☐ Yes ☒ No

If No, provide Corrective Action Sample Information below. If Yes, you must quantify sample can be used as your Corrective Action Sample.

7. Corrective Action Sample Date: 05/09/2015

8. Corrective Action Sample Value: 100 Units ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L

9. Have you claimed this outfall as a Representative Outfall? ☐ Yes ☒ No

If Yes, Corrective Action must be completed for all outfalls claiming the Representative Outfall Waiver.

10. Describe the exceedance and its cause(s):
BETTER HOUSEKEEPING NEEDED

11. Describe the Corrective Action(s) taken to address the exceedance:
BETTER HOUSEKEEPING PRACTICES IMPLEMENTED

12. Describe the preventative (long term) Corrective Action(s) taken (including any SWPPP modifications) to prevent a future exceedance:
BETTER HOUSEKEEPING PRACTICES IMPLEMENTED INTO THE SWPPP

Attachment 1 of 6 Initial: [Signature] Date: 05/09/15

DSCN3575

1. Permittee's Name of Concern: Watershed

2. Outfall No.: 001 3. Date of Exceedance: 05/09/2015

4. Permit Value: 100 Units ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L

5. Reported Value: 100 Units ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L

6. Is the Permittee's Pollution of Concern exceeded subject to quantity compliance monitoring for discharge to impaired waterbody? ☐ Yes ☒ No

If No, provide Corrective Action Sample Information below. If Yes, you must quantify sample can be used as your Corrective Action Sample.

7. Corrective Action Sample Date: 05/09/2015

8. Corrective Action Sample Value: 100 Units ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L ☐ mg/L

9. Have you claimed this outfall as a Representative Outfall? ☐ Yes ☒ No

If Yes, Corrective Action must be completed for all outfalls claiming the Representative Outfall Waiver.

10. Describe the exceedance and its cause(s):
BETTER HOUSEKEEPING NEEDED

11. Describe the Corrective Action(s) taken to address the exceedance:
BETTER HOUSEKEEPING PRACTICES IMPLEMENTED

12. Describe the preventative (long term) Corrective Action(s) taken (including any SWPPP modifications) to prevent a future exceedance:
BETTER HOUSEKEEPING PRACTICES IMPLEMENTED INTO THE SWPPP

Attachment 2 of 6 Initial: [Signature] Date: 05/09/15

DSCN3576

[illegible]

DSCN3578

SWPPP
 1. Date of Concern: 10/1/14
 2. Date of Concern: 10/1/14
 3. Date of Concern: 10/1/14
 4. Reported Value: 10/1/14
 5. Reported Value: 10/1/14
 6. Is the Parameter Pollutant of Concern Exceeded subject to quarterly compliance monitoring for discharges to impaired waterbodies? ☐ Yes ☒ No
 7. Corrective Action Sample Date: 10/1/14
 8. Corrective Action Sample Value: 10/1/14
 9. Have you claimed this outfall as a Representative Outfall? ☐ Yes ☒ No
 10. Describe the exceedance and its cause(s):
 BETTER HOUSEKEEPING NEEDED

11. Describe the Corrective Action(s) taken to address the exceedance:
 BETTER HOUSEKEEPING PRACTICES IMPLEMENTED

12. Describe the preventative (long term) Corrective Action(s) taken (including any SWPPP modifications) to prevent a future exceedance:
 BETTER HOUSEKEEPING PRACTICES IMPLEMENTED INTO THE SWPPP

Attachment 5 of 6 Initials Date 10/1/14

DSCN3579

SWPPP
 1. Date of Concern: 10/1/14
 2. Date of Concern: 10/1/14
 3. Date of Concern: 10/1/14
 4. Reported Value: 10/1/14
 5. Reported Value: 10/1/14
 6. Is the Parameter Pollutant of Concern Exceeded subject to quarterly compliance monitoring for discharges to impaired waterbodies? ☐ Yes ☒ No
 7. Corrective Action Sample Date: 10/1/14
 8. Corrective Action Sample Value: 10/1/14
 9. Have you claimed this outfall as a Representative Outfall? ☐ Yes ☒ No
 10. Describe the exceedance and its cause(s):
 BETTER HOUSEKEEPING NEEDED

11. Describe the Corrective Action(s) taken to address the exceedance:
 BETTER HOUSEKEEPING PRACTICES IMPLEMENTED

12. Describe the preventative (long term) Corrective Action(s) taken (including any SWPPP modifications) to prevent a future exceedance:
 BETTER HOUSEKEEPING PRACTICES IMPLEMENTED INTO THE SWPPP

Attachment 6 of 6 Initials Date 10/1/14

DSCN3580

SWPPP Visual Compliance Evaluation

Site Name: Stinson Memorial Elementary Project #: 075298

Inspector: _____ Date: _____

Site Address: 301 East Street School: _____

Phone: 518-338-1119 Email: NY 12110

List all areas where industrial materials or activities are exposed to stormwater discharge. Include facility construction areas.

SWPPP & Evaluation

1. Driveway: _____ Housekeeping: _____

2. Loading dock area: _____ Housekeeping: _____

3. Parking area: _____

4. Driveway: _____

5. _____

6. _____

Drainage Area #2 (to CB in road)

1. Driveway: _____ Housekeeping: _____

2. Loading dock area: _____ Housekeeping: _____

3. Parking area: _____

4. Driveway: _____

5. _____

6. _____

Follow-up Actions Needed? ☐ No ☐ Yes List: _____

Modifications to SWPPP Needed? ☐ No ☐ Yes List: _____

Signature of Inspector: _____

SMR (revised 12-2-06)

page 1/1

DSCN3581

SWPPP Certification of Evaluation for Non-stormwater Discharges

Site Name: Stinson Memorial Elementary Project #: 075298

Inspector: Michael A. K... Date: 10-22-14

Site Address: 301 East Street School: _____

Phone: 518-338-1119 Email: NY 12110

Date of last precipitation: 09-30-14

Evaluation method being used to determine non-stormwater discharges:

Visual inspection

Outfall location	Evaluated?	Results	Notes
001 Catch basin area	Yes	NA	NA
002 Scale area	Yes	NA	NA

Potential significant sources of non-stormwater? ☒ No ☐ Yes List: NA

Follow-up Actions Needed? ☒ No ☐ Yes List: NA

Modifications to SWPPP Needed? ☒ No ☐ Yes List: NA

Facility is in compliance with SWPPP

Signature of Inspector: _____

DSCN3582

SWPPP Annual Dry Weather Flow Monitoring

0/3/2013
Project # 10-02-14
Date 12-15 pm
Time Clear 75°
Weather

Site Name: Syracuse Materials Received
Inspector: ESher Lovett
Site Address: 801 Post Street
Syracuse, NY 13210
Permit ID: NYRCOF 184
Date of last precipitation: 09-30-14

Outfall location	Discharge?	Source	Corrective Action
001 catch basin area	No	NA	NA

Notes:

Follow-up Actions Needed? ☒ No ☐ Yes List: NA
Modifications to SWPPP Needed? ☒ No ☐ Yes List: NA

☒ Facility is in compliance with SWPPP
Signature of Inspector: for Lovett

DSCN3583



DSCN3584



DSCN3585 – East side of yard with dumpsters – along Peat Street



DSCN3586 – portion of facility along Peat Street – concrete berm
not intact



DSCN3587 – Metal Scrap material outside



DSCN3588 - Metal Scrap material outside



DSCN3589 – scrap outside near gate to Peat Street
– a potential 2nd Outfall



DSCN3590 - scrap outside near gate to Peat Street – a Potential 2nd Outfall